UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Wail Processing Section

FORM D

OMB APPROVAL
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NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
ORM LIMITED OFFERING EXEMPTION

Washington, DC UNIFORM LIMITED OFFERING EXEMPTION 101

SEC USE ONLY								
Prefix Serial								
		•						
DATE RECEIVED								

Name of Offering (check if this is an amendment and name has changed, and indicate changed	ange.)	
Private Placement of Warrants of Southwest Casino Corporation		
Filing Under (Check box(es) that apply):	Rule 506 Section 4	4(6) 🔲 ULOE
Type of Filing: New Filing Amendment		
A. BASIC IDENTIFICATION DATA		
Enter the information requested about the issuer		
Name of Issuer (check if this is an amendment and name has changed, and indicate cha	ange.)	
Southwest Casino Corporation	• ,	J FRACIO BRIPA FRITT BRITT RYJET (IDIU JRYV IBERI JRYV I
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (1	
2001 Killebrew Drive, Suite 350, Minneapolis, MN, 55425	952-853-9990	[10] [10] [10] [10] [10] [10] [10] [10]
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (1	08041778
(if different from Executive Offices)	-	0071170
Brief Description of Business		
The Company's primary business is the development, ownership, operation, and management	of casinos, gaming facili	ities, and related amenities.
Type of Business Organization	Pt	PROCESSED
corporation limited partnership, already formed		7 . T. T
_	ase specify):	APR 0 3 2008
business trust limited partnership, to be formed		AI I 0 0 2000
Month Year		∠\THOMSUN
Actual or Estimated Date of Incorporation or Organization: 0 2 0 2	Actual E	stimated in FINANCIAL
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation)	tion for State	
CN for Canada; FN for other foreign jurisdicti		l., II., I
Or to Canada, 1 to Control to Con		N V
GENERAL INSTRUCTIONS		• • • •

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemp-tion, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIF 2. Enter the information requested for the following:	FICATI	ON DATA		· · · · ·					
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; 									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
Each executive officer and director of corporate issuers and of corporate issuers.	rporate g	eneral and managing	partne	ers of partne	ership	issuers; and			
 Each general and managing partner of partnership issuers. 									
Check Box(es) that Apply: Promoter Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner			
Full Name (Last name first, if individual) Druck, James B.									
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Killebrew Drive, Suite 350, Minneapolis, MN, 55425	:)					·			
Check Box(es) that Apply: Promoter Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner			
Full Name (Last name first, if individual) Abramson, David H.									
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Killebrew Drive, Suite 350, Minneapolis, MN, 55425	:)								
Check Box(es) that Apply: Promoter Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner			
Full Name (Last name first, if individual) Chafoulias, Gus A.			•		· • • • • • • • • • • • • • • • • • • •				
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Killebrew Drive, Suite 350, Minneapolis, MN, 55425	:)				·	,			
Check Box(es) that Apply: Promoter Beneficial Owner		Executive Officer	X	Director	. 🗆	General and/or Managing Partner			
Full Name (Last name first, if individual) Holmes, Jim									
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Killebrew Drive, Suite 350, Minneapolis, MN, 55425)								
Check Box(es) that Apply: Promoter Beneficial Owner		Executive Officer	×	Director		General and/or Managing Partner			
Full Name (Last name first, if individual) Schatzman, Gregg P.				•		•			
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Killebrew Drive, Suite 350, Minneapolis, MN, 55425)								
Check Box(es) that Apply: Promoter Beneficial Owner		Executive Officer		Director		General and/or Managing Partner			
Full Name (Last name first, if individual) Fox, Thomas E.									
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Killebrew Drive, Suite 350, Minneapolis, MN, 55425)								
Check Box(es) that Apply: Promoter Beneficial Owner		Executive Officer		Director		General and/or Managing Partner			
Full Name (Last name first, if individual) Halpern, Jeffrey S.									
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Killebrew Drive, Suite 350, Minneapolis, MN, 55425)								
Check Box(es) that Apply: Promoter Beneficial Owner	☒	Executive Officer		Director		General and/or Managing Partner			
Full Name (Last name first, if individual) Wilson, Tracie L.									
Business or Residence Address (Number and Street, City, State, Zip Code) 2001 Killebrew Drive, Suite 350, Minneapolis, MN, 55425)								

 				B.	INFORMA	ATION AE	OUT OFF	FERING					
1. Has t	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No ⊠			
	Answer also in Appendix, Column 2, if filing under ULOE.												
2. What	2. What is the minimum investment that will be accepted from any individual?							\$	N/A				
												Yes	No
3. Does	the offering	permit joir	nt ownershi	p of a singl	le unit?							\boxtimes	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Nan	ne (Last name	e first, if in	dividual)										
Business	or Residence	e Address (Number ar	d Street, C	ity, State, Z	Zip Code)							
Name of	Associated E	Broker or E	Pealer							 			
	Which Perso c "All States"											All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[N]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC] ne (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
i un i tan	ic (Last nam	- 1113t, 11 III	arviauar)										
Business	or Residence	e Address (Number an	d Street, C	City, State, Z	Zip Code)					ı		
Name of	Associated E	Broker or D	ealer										
	Which Perso c "All States"											☐ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI] Full Nam	[SC] ne (Last name	[SD]	[TN] dividual)	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
			•	10									
Business	or Residence	e Address (Number an	id Street, C	ity, State, 2	(ip Code)							
Name of	Associated E	Broker or D	ealer										
	Which Perso ("All States"										•••••	☐ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
			(Use blank	sheet, or co	opy and use	additional	copies of t	his sheet, a	s necessary	<u></u>			

,	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	JSE OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		·
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	-	\$ 0
	Equity		\$ 0
	Common Preferred	<u> </u>	•
	Convertible Securities (including warrants)	\$ 1.550.000	\$ 1,550,000
	Partnership Interests		\$ 0
	Other (Specify)		\$ 0
	Total		s
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
	Accredited Investors	Number Investors	Dollar Amount of Purchases
	Non-accredited Investors	0	\$ <u>1,550,000</u> \$ 0
	Total (for filings under Rule 504 only)	NA NA	\$ NA
	Answer also in Appendix, Column 4, if filing under ULOE.	11/1	-
	Allower also in Appendix, Column 4, it filling under Obot.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi-ties sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	NA NA	\$ NA
	Regulation A	NA	\$ NA
	Rule 504	NA	\$ NA
	Total	NA NA	\$ <u>NA</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an		
	expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_	c 0
	Transfer Agent's Fees.		\$ 0
	Printing and Engraving Costs	_	\$ 0
	Legal Fees		\$ <u>2,000</u> \$ 0
	Accounting Fees		\$ 0
	Sales Commissions (specify finders' fees separately)		\$ 0
	Other Expenses (identify) Bank Fees		\$ 15,500
	Total		\$ 17,500 \$ 17,500
	1 7 101		J 11,500

^{*} Cosignors of loans to Southwest Casino Corporation in the amount of \$1,550,000 received warrants to purchase shares of common stock. The warrants are exercisable for a period of five years at an exercise price of \$0.39 per share.

	b. Enter the difference between the aggregate offering	p price given in response to Pari	t C - Oues-			
	tion I and total expenses furnished in response to Pa					
	"adjusted gross proceeds to the issuer."					\$ <u>1,532,500</u>
5.	Indicate below the amount of the adjusted gross production					
	used for each of the purposes shown. If the amount					
	estimate and check the box to the left of the estimate.					
	the adjusted gross proceeds to the issuer set forth in re-	sponse to Part C - Question 4.b	above.		Douments to	
					Payments to Officers,	
					Directors, &	Payments to
					Affiliates	Others
	Salaries and fees			\$ 0	111111111111	□\$0
	Purchase of real estate	***************************************		\$ 0		□ \$ 0
	Purchase, rental or leasing and installation of mad	chinery and equipment		\$ 0		□ \$ 0
	Construction or leasing of plant buildings and fac	ilities		\$ 0		□ \$ 0
	Acquisition of other businesses (including the val	ue of securities involved in this				
	offering that may be used in exchange for the asse		_			_
	issuer pursuant to a merger)			\$ <u>0</u>		□ \$ <u>0</u>
	Repayment of indebtedness			\$ <u>0</u>		□ \$ <u>0</u>
	Working capital			S <u>0</u>	 -	∑ \$ 1,532,500
	Other (specify):			\$ 0		□ \$ <u>0</u>
				\$ 0		□ \$ 0
			=	\$ <u>0</u>		□ \$ 0
	Column Totals			\$ <u>0</u>		■ \$ 1,532,500
	Total Payments Listed (column totals added)				⊠ \$ <u>1,53</u>	2,500
		D. FEDERAL SIGNATURE		-		· · · · · · · · · · · · · · · · · · ·
Th	e issuer has duly caused this notice to be signed by the	undersigned duly authorized per	rson. If thi	s noti	ce is filed under R	ule 505, the following
	nature constitutes an undertaking by the issuer to furnis					
ini	ormation furnished by the issuer to any non-accredited	investor pursuant to paragraph (b)(2) of Ru	le 502	2.	
Iss	uer (Print or Type)	Signature ($\overline{}$		Date	.
So	uthwest Casino Corporation.	1 sm	no -		. Marc	h 25, 2008
	me of Signer (Print or Type)	Title of Signer (Print or Type)			· .	12.00 - 10.00 - 20.00
Та	m Snook	General Counsel				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

